

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Full Name Adams Town Mr Hurd County St  
Died at Mr Hurd  
Date of death 1906 3 24 Age 24 Years 3 Months 3 Days  
Sex male Color or Race white Birth-place St C Ind  
Occupation ✓ Where Residing if not at place of death ✓  
Married, Single or Widowed ✓ Name of Wife or Husband ✓  
Father's Name H C Day Adams Father's Birthplace St C Ind.  
Mother's Maiden Name Georgina Jones Mother's Birthplace St C Ind  
Name of person giving information Clay Adams How related to deceased father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Exhaustion

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?



Name in Full		Daniel B Brinsfield				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Vienna		County Dorchester		MARYLAND
	Date of death	1906	Month 3	Day 13	Age 1	Years 5	Months —
	Sex	Male		Color or Race	white		Birthplace U.S.
	Occupation	Child		Where Residing if not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Wm E Brinsfield				Father's Birthplace	U.S.
	Mother's Maiden Name	Edna Davis				Mother's Birthplace	U.S.
Name of person giving information	Wm E Brinsfield				How related to deceased	father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Enteric colitis				How long	3 weeks
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	E. Brothman	
					Address		
Accident or Suicide?							



Name  
in  
Full

*Daisy Burroughs*

3/9/17

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

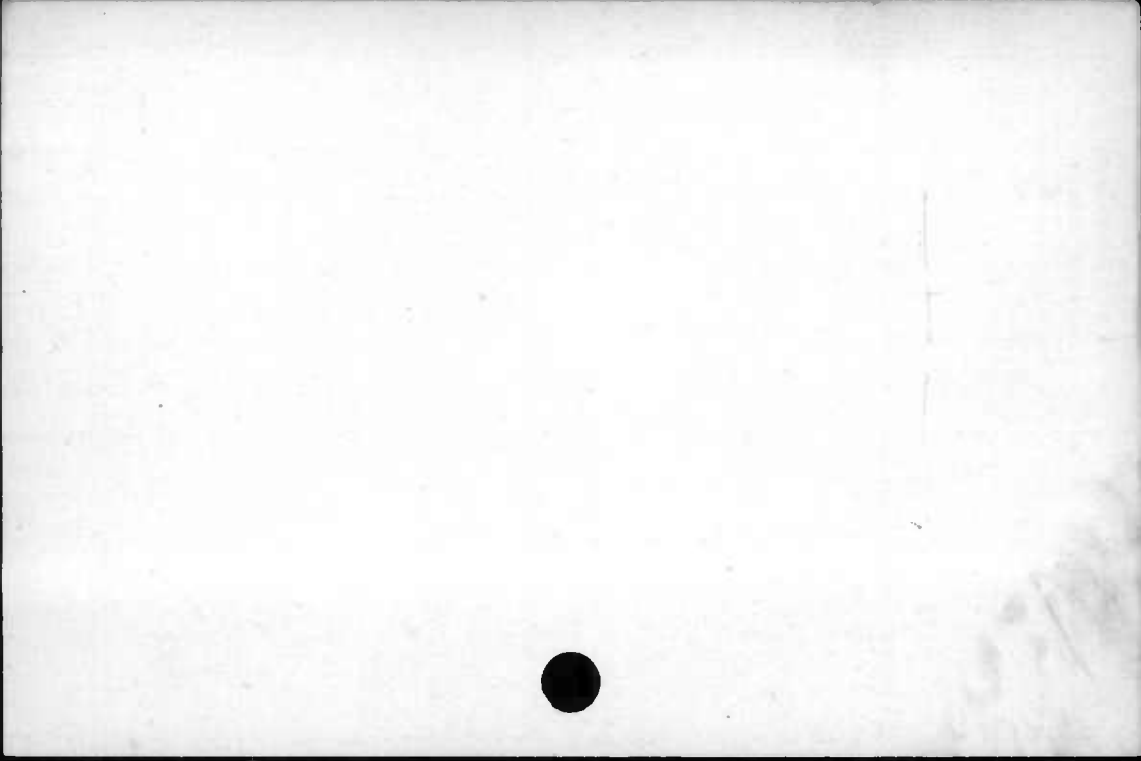
Died at *Cordtown* *Dorchester* **MARYLAND**  
 Date of death *1906* *Mch* *17th* *Age* *14* *Months* *6* *Days*  
 Sex *female* Color or Race *colored* Birth-place *Dorchester*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death *Cordtown*

☒ Married, Single ☐ *Married* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Ben Burroughs* Father's Birthplace *Dorchester*  
 Mother's Maiden Name *Lilly Burroughs* Mother's Birthplace *Co*  
 Name of person giving information *Jerry Pinder* *rel. mother's husband* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Faint; Greas* *(179)* How long *3 weeks*  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *No physician*  
 Address *Memphis, Tenn*  
*Cambridge, Mass*  
 Accident or Suicide? ☐



Name  
in  
Full

Lucinda Cornish

## CERTIFICATE OF DEATH

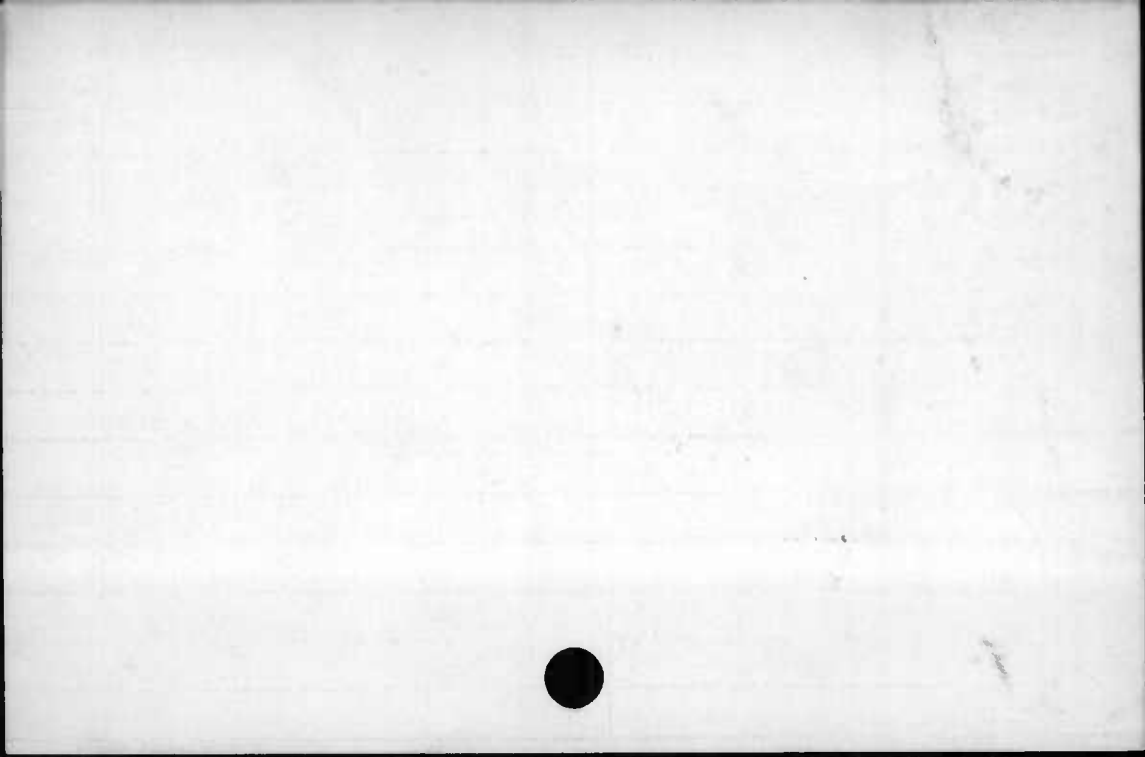
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtidge</u> <sup>Town</sup>		<u>Wendover</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>6</u>	<u>Feb.</u> <sup>Month</sup>	<u>16</u> <sup>Day</sup>	Age <u>        </u> <sup>Years</sup>	<u>        </u> <sup>Months</sup>	<u>        </u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>Martin Cornish</u>					
Father's Name <u>Thomas Nichols</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>        </u>			Mother's Birthplace <u>✓</u>		
Name of person giving information <u>        </u>			How related to deceased <u>        </u>		

## CAUSES OF DEATH

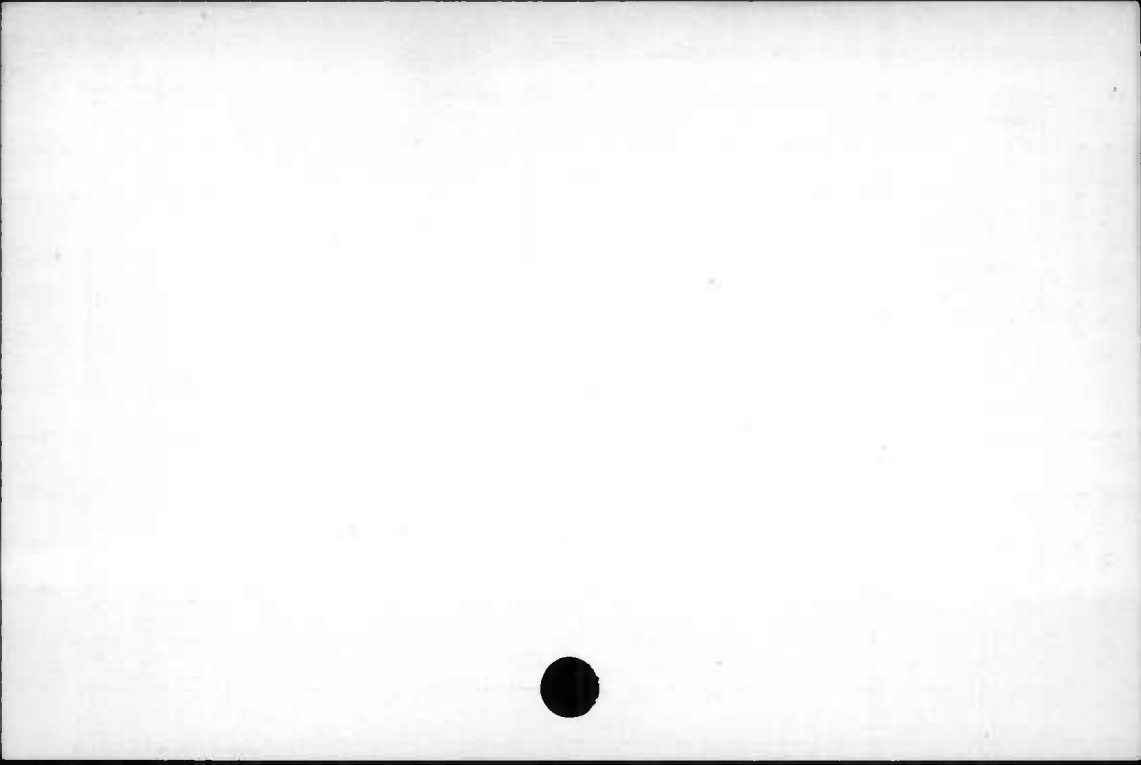
PHYSICIAN  
OR CORONER

Primary <u>Consumption</u>	How long <u>about 2 years</u>
Immediate <u>Exhaustion</u>	How long <u>gradual</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John W. Moore</u>
<u>Yes</u>	Address <u>Cumtidge</u>
Accident or Suicide? <u>        </u>	





Name in Full		be Baer				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Thomas		County Barchester		MARYLAND		
	Date of death		1906	Month mar	Day 6	Age 0	Months 1	Days 1	
	Sex Female		Color or Race White			Birth- place Thomas Ind			
	Occupation —				Where Residing if not at place of death —				
	Married, Single or Widowed			Name of Wife or Husband					
	Father's Name Jas H be Baer					Father's Birthplace Germany			
Mother's Maiden Name Bora Michael					Mother's Birthplace Germany				
Name of person giving In formation J H be Baer					How related to deceased Father				
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary Bronchitis acute					How long 3 days			
	Immediate Opium narcosis - Godfrey's cordial					How long 1 day			
	Are the name, age, sex, color, date and place correctly given above? yes					Signature of Physician S A Stokes M.D.			
						Address R 76#5 Cambridge Ind			
	Accident or Suicide?								



Name  
in  
Full

Lemuel H. Burton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at			Town Madison		County Berkshire		MARYLAND							
Date of death		Month		Day		Years		Months		Days				
1906		March		24		Age		57						
Sex			Male			Color or Race			White					
Birth-place			Madison, Md											
Occupation						Where Residing if not at place of death								
Laborer														
Married, Single or Widowed			Widowed			Name of Wife or Husband			—					
Father's Name			William Burton						Father's Birthplace			Dor. Co. Md		
Mother's Maiden Name			Susan Brooks						Mother's Birthplace			Madison, Md		
Name of person giving information									How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Leukemia		(53)		How long		about 1 year			
Immediate		Exhaustion				How long					
Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician				B. L. Smith Md	
						Address				Madison Md	
Accident or Suicide?											



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Washington & Springdale*County *An*

Date

of death *1906*Month *March*Day *2*Age *82*

Years

Months *7*Days *15*Sex *Female*Color or  
Race *White*Birth-  
place *Archester*Occupation *Housework. wife*Where Residing If not  
at place of death *Springdale*~~Married, Single~~  
or WidowedName of Wife or  
Husband *James S. Green*Father's  
Name *W. T. Hunt*Father's  
Birthplace *Archester*Mother's  
Maiden Name *Olga Collins*Mother's  
Birthplace *Archester*Name of person giving  
information *James S. Green*How related  
to deceased *An*

## CAUSES OF DEATH

Primary *Senile*How long *9 months*Immediate *by Austin Asant & others*How long *2 hours*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Victor E. Kitchin*Address *Post Box 10000 Archester*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Edna May Griffith

## CERTIFICATE OF DEATH

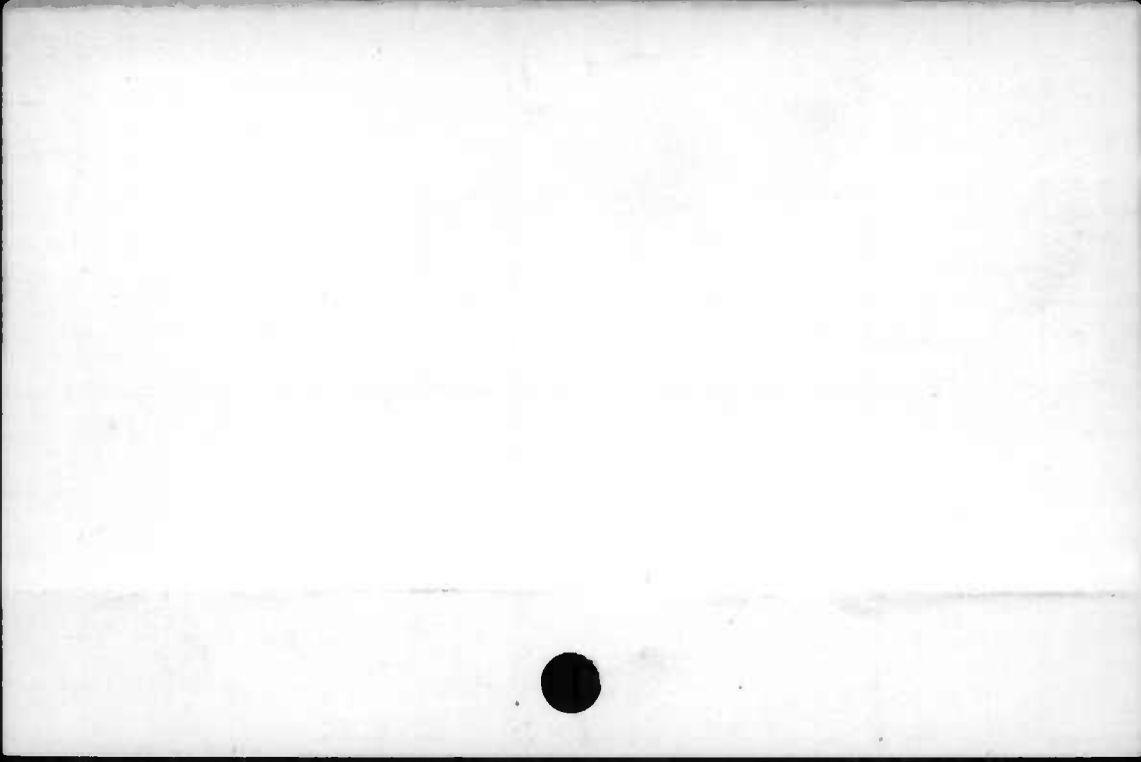
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Harvard</u> <sup>Town</sup>		County <u>Dor</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>31</u>	Age <u>2</u>	Months <u>2</u>	Days <u>18</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birthplace <u>Dor Co</u>		
Occupation <u>✓</u>			Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed <u>✓</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>Paul J Griffith</u>			Father's Birthplace <u>Dor. Co</u>		
Mother's Maiden Name <u>Margaret W Hubbard</u>			Mother's Birthplace <u>Dor Co</u>		
Name of person giving information <u>Paul J Griffith</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

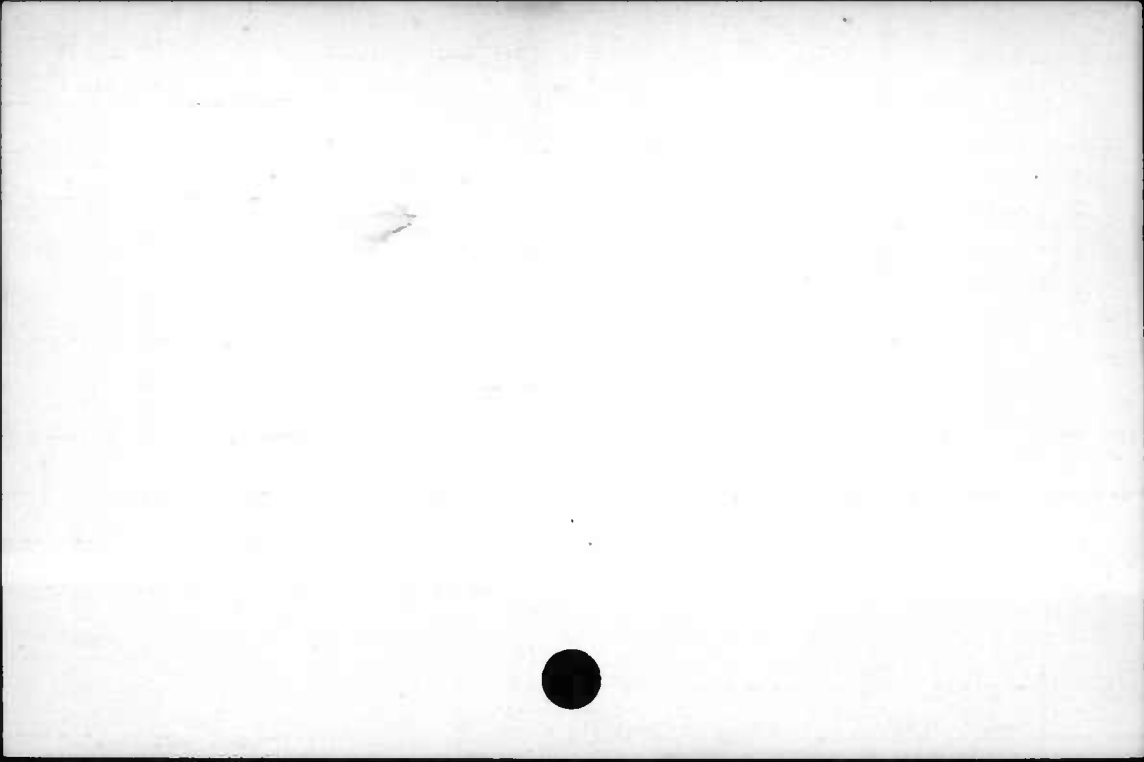
PHYSICIAN  
OR CORONER

Primary <u>whooping Cough</u>	How long <u>3 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>10 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Roger Myers</u>
	Address <u>Harvard Md.</u>
Accident or Suicide? <u>✓</u>	





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>East Newmarket</u> Town		County <u>Kc</u>	
		Date of death <u>1906</u> Month <u>May</u> Day <u>10</u> Age <u>1</u> Years Months <u>4</u> Days		MARYLAND	
		Sex <u>Female</u>	Color or Race <u>colored</u>	Birth place <u>East Newmarket</u>	
		Occupation <u>None</u>	Where Residing if not at place of death <u>None</u>		
		<u>Married, Single or Widowed</u>	Name of Wife or Husband		
		Father's Name <u>Not No</u>	Father's Birthplace <u>No</u>		
Mother's Maiden Name <u>Ann's. Jones</u>	Mother's Birthplace <u>Arbute</u>				
Name of person giving information <u>Grandfather</u>	How related to deceased <u>-</u>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Pneumonia</u>		How long	<u>one week</u>
	Immediate	<u>Heart. # 4</u>		How long	<u>3 hours</u>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
	<u>yes</u>		<u>Victor E. Kitch</u>	<u>East Newmarket Mo</u>	
	Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

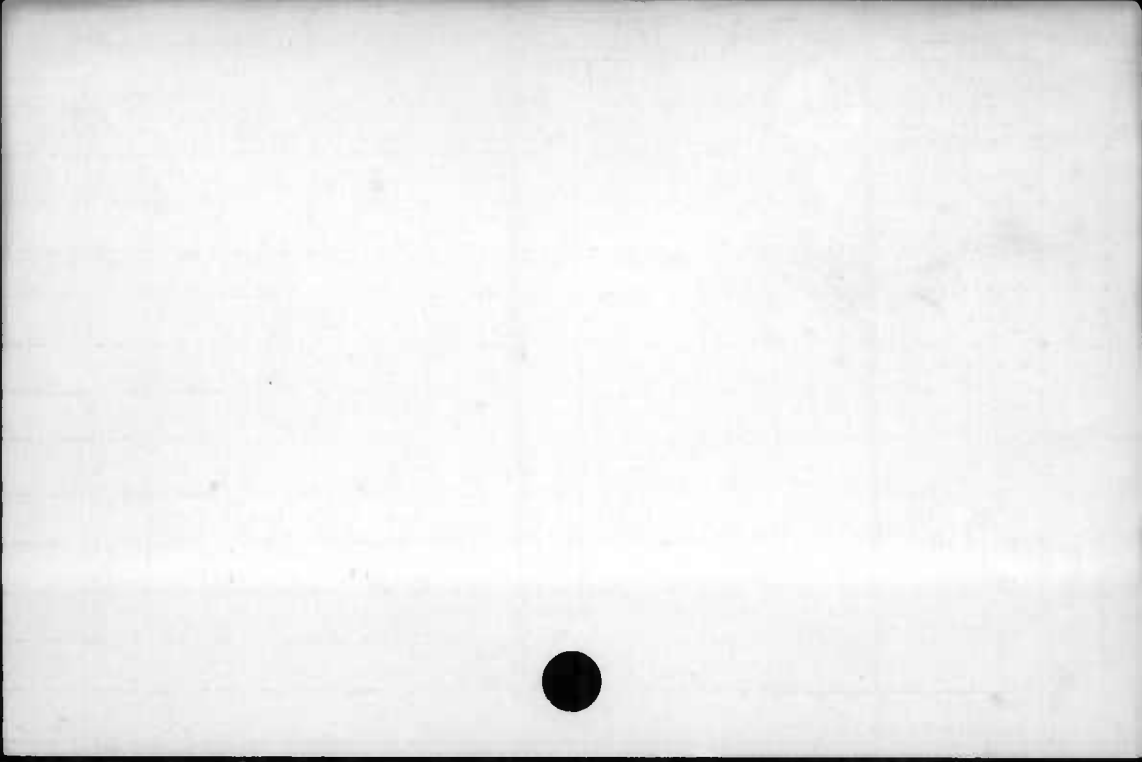
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>March</i>	Day <i>27</i>	Age <i>46</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>ind</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>Form work</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>John L. Moore</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>John L. Moore</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>self</i>				How related to deceased <i>—</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about 3 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John L. Moore</i>
<i>as near as can be found</i>	Address <i>Cambridge</i>
Accident or Suicide?	



Name  
In  
Full

Lachariah Jews

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Cambridge<sup>County</sup> Dorchester

Date of death 1906 Mar

Day 8th

Age 58

Months

Days

Sex Male

Color or Race

Colored

Birthplace

Dorchester 6

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Harriet A Jews

Father's Name

John Jews

Father's Birthplace

—

Mother's Maiden Name

Mother's Birthplace

—

Name of person giving information

Richard Jews

How related to deceased

Brother

## CAUSES OF DEATH

Primary

Pneumonia Lobar

How long

Ten days

Immediate

Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

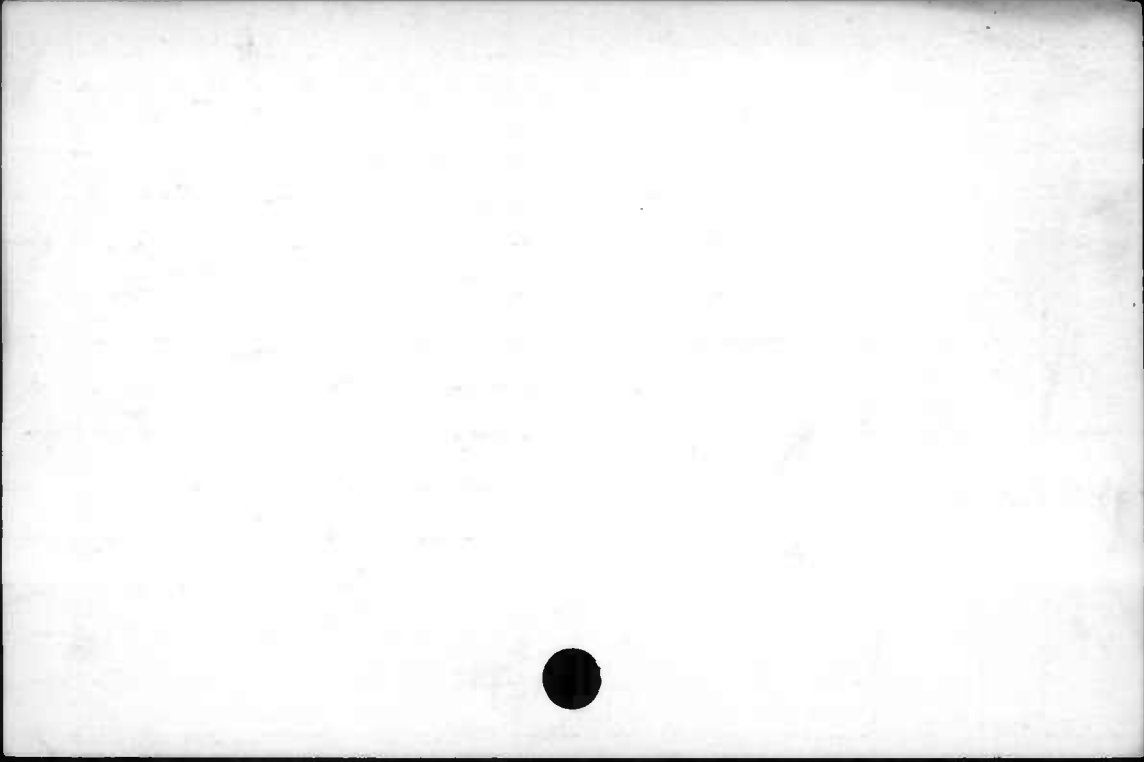
Dexter P Reynolds M.D.

Address

Cambridge Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>			
Date of death	1906	Month	<i>May</i>	Day	<i>1</i>
		Years	<i>45</i>	Age	<i>45</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Dorchester Co Md</i>
Occupation	<i>house wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Joseph Spencer</i>		
Father's Name	<i>Isaac Johnson</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Sarah Johnson</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Wm Henry Cooper</i>			How related to deceased	<i>friend</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>120</i>
Immediate	<i>Necrosis</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm H. Gledhill</i>
		Address	<i>Cambridge</i>
Accident or Suicide?			





Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Vienna</u> Town		<u>Dorchester</u> County		MARYLAND
	Date of death <u>1906</u>	Month <u>3</u>	Day <u>17</u>	Age <u>—</u> Years	Months <u>—</u> Days <u>6</u>
	Sex <u>Male</u>	Color or Race <u>Caucasian</u>		Birth-place <u>U.S.</u>	
	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		
	Married, Single or Widowed <u>—</u>	Name of Wife or Husband			
	Father's Name <u>Ed. T. Jolley</u>	<u>(151)</u>		Father's Birthplace <u>U.S.</u>	
	Mother's Maiden Name <u>Lillian B. Adams</u>			Mother's Birthplace <u>U.S.</u>	
Name of person giving information <u>Ed. T. Jolley</u>			How related to deceased <u>Father</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Mania</u>	<u>(151)</u>		How long <u>No Physician</u>	
	Immediate			How long	
	Are the name, age, sex, color, and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ed. Brohm</u>		Address <u>Vienna</u>	
	<u>No Physician</u>	Address <u>Vienna</u>		<u>Ma</u>	
	Accident or Suicide?				



Name  
In  
Full

Alexander Jolly

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Year</small>	<u>March</u> <small>Month</small>	<u>21</u> <small>Day</small>	Age <u>7</u> <small>Years</small>	<u>      </u> <small>Months</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Cambridge</u>			
Occupation <u>Child</u>			Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Alexander Jolly</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Annie Jolly</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Alexander Jolly</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	(Secondary) <u>(98)</u>	How long
Immediate <u>Exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Wolff</u>	
	Address <u>Cambridge, Md.</u>	
Accident or Suicide?		



Name  
in  
Full

Aggie Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at			Town —		County Dorchester		MARYLAND	
Date of death		1906	Month 3	Day 29	Age 12	Years 12	Months —	Days —
Sex Female		Color or Race Col		Birth-place MS				
Occupation School				Where Residing if not at place of death —				
Married, Single or Widowed —			Name of Wife or Husband —					
Father's Name J. J. Jones			Father's Birthplace MS					
Mother's Maiden Name Mary Benham			Mother's Birthplace MS					
Name of person giving information Jno Wilson			How related to deceased —					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	—
Immediate	Inanition	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. Broome
Yes		Address	Vincent
Accident or Suicide?		✓	



Name  
In  
Full

George S. Keene

## CERTIFICATE OF DEATH

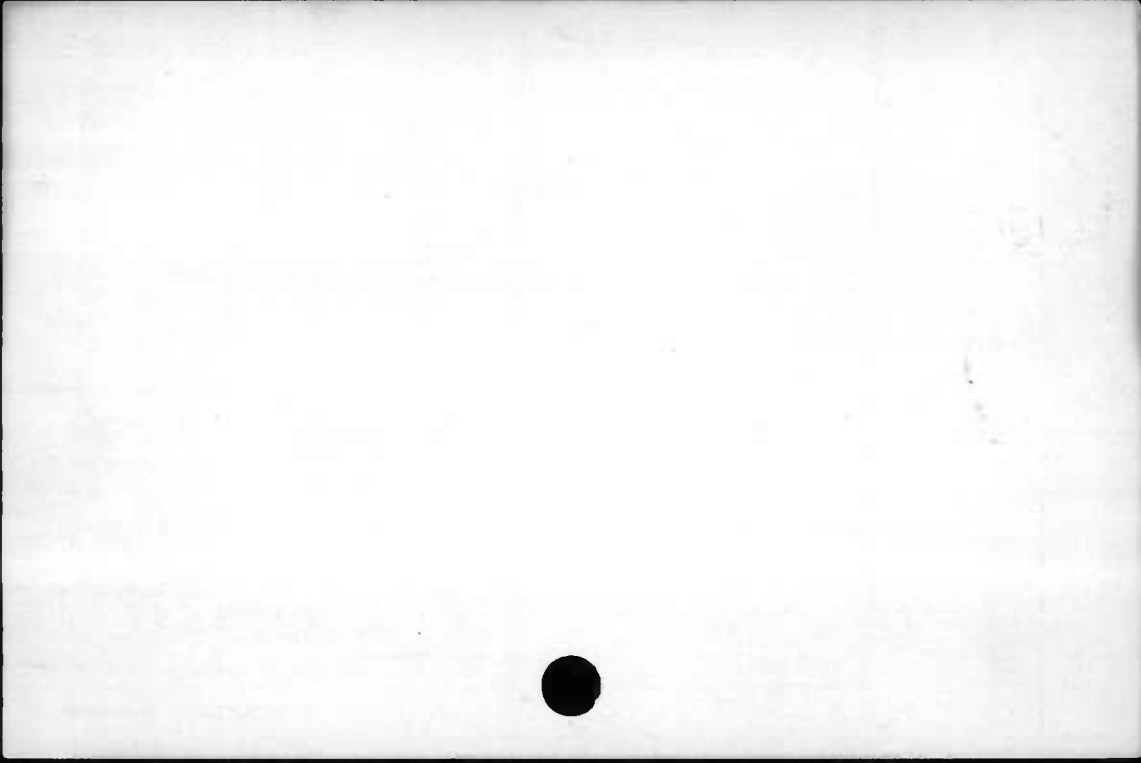
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <i>Taylor's Island</i> Town <i>Dorchester</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>30</i>	Age <i>66</i>
Sex <i>Male</i>	Color or Rsc <i>White</i>	Birth-place <i>Md</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Farming</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Eliza J. Keene</i>		
Father's Name <i>—</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>John N. Keene</i>	How related to deceased <i>Son.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Parenchymatous Nephritis</i>	How long <i>— 2 yrs</i>
Immediate <i>Cardiac Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>For. H. Thriver Jr.</i>
	Address <i>Taylor's Island Md.</i>
Accident or Suicide? <i>—</i>	





Name in Full		Sarah E Kirby				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND			
		Date of death	1900	Month	Mar	Day	27	Age	75
		Sex		Female		Color or Race		White	
		Birthplace		Carnersville		Months		2	
		Days				Where Residing if not at place of death			
		Occupation		Housewife		Married, Single or Widowed		Married	
		Name of Wife or Husband		Geo. C Kirby		Father's Name		Samuel Abbott	
		Father's Birthplace		Hills Point		Mother's Maiden Name		Sarah G. Hixson	
Mother's Birthplace				Name of person giving information		Bertha Spadden			
How related to deceased		none		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		hemuntia		How long		2 yrs	
		Immediate		diarrhoea		How long		3 weeks	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. A. Stokes	
		Address		R 76# Cambridge		Accident or Suicide?			



Name  
in  
Full

Mary E Lee

CERTIFICATE OF DEATH

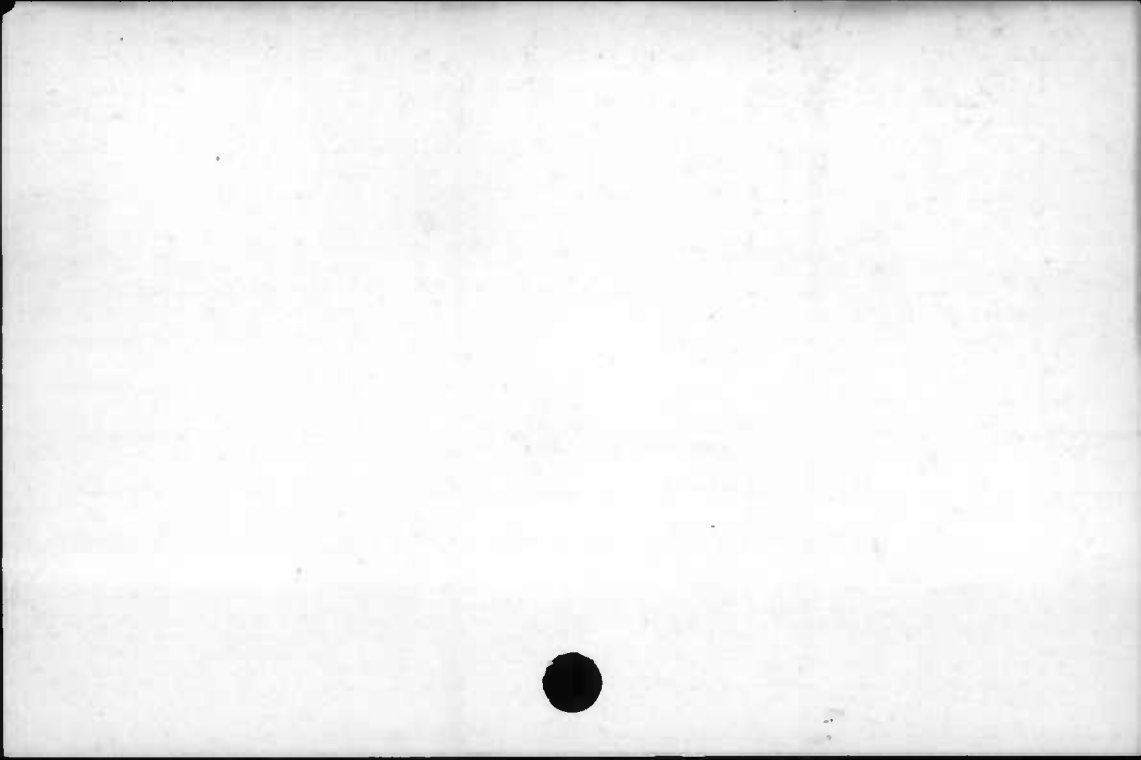
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day	Years <i>74</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Caucas</i>		Birth-place <i>Or. Co. Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>William Lee</i>			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Rev. Mr. Hollins</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long
Immediate <i>Chronic Enterocolitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Stule</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name  
in  
Full

Mildred Mollock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>3</i>	Age <i>8</i>	Years <i>8</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black.</i>		Birth-place <i>Ind.</i>		
Occupation <i>Child</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Not Known</i>	(167)			Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Not Known</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>From Hospital Record</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Extensive Burn of arm, side &amp; leg.</i>	How long <i>—</i>
Immediate <i>Cardiac Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Willie M. Moberly

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
6		Feb	16		0	11	
Sex		Color or Race		Birth-place			
Male		Black		md			
Married, Single or Widowed		Occupation					
Child							
Name of Wife or Husband							
Father's Name				Father's Birthplace			
John Moberly				md			
Mother's Maiden Name				Mother's Birthplace			
Bernessa Bishop				md			
Name of person giving information				How related to deceased			
John Moberly							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diarrhea Colitis	How long	2 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Moberly	
		Address	
		C. Moberly	
Accident or Suicide? —			





Name  
in  
Full

Ephraim Nash

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cambridge Town Dorchester County

Date of death 1906 Month March Day 19 Age 74 Years Months Days

Sex Male Color or Race White Birth-place Baltimore

Occupation Caulker Where Residing if not at place of death Cambridge

Married, Single or Widowed Married Name of Wife or Husband Mariah Nash

Father's Name Ephraim Nash Father's Birthplace Maryland

Mother's Maiden Name Mrs " " Mother's Birthplace vi

Name of person giving information Mrs Mariah Nash How related to deceased Wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

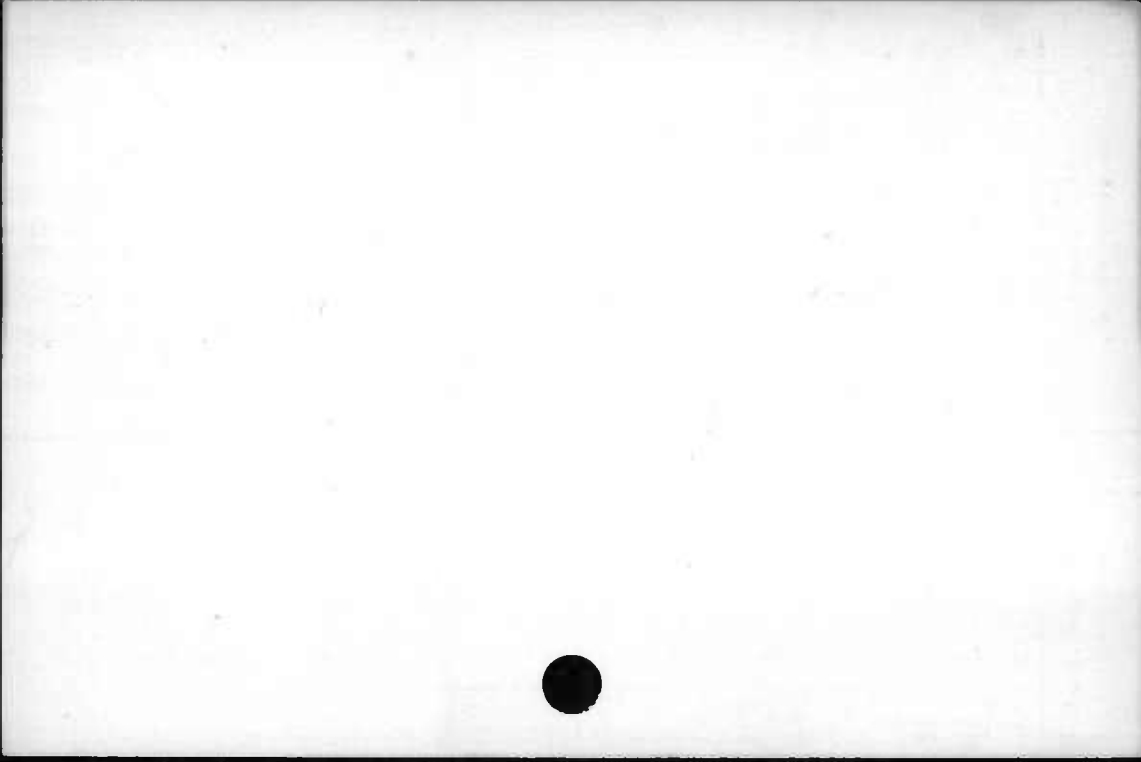
Primary Hemorrhage into Brain 64 How long A few minutes

Immediate Paralysis How long One day

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. M. G. L. L. L.

Address Cambridge, Md

Accident or Suicide? No



Name  
in  
Full

## CERTIFICATE OF DEATH

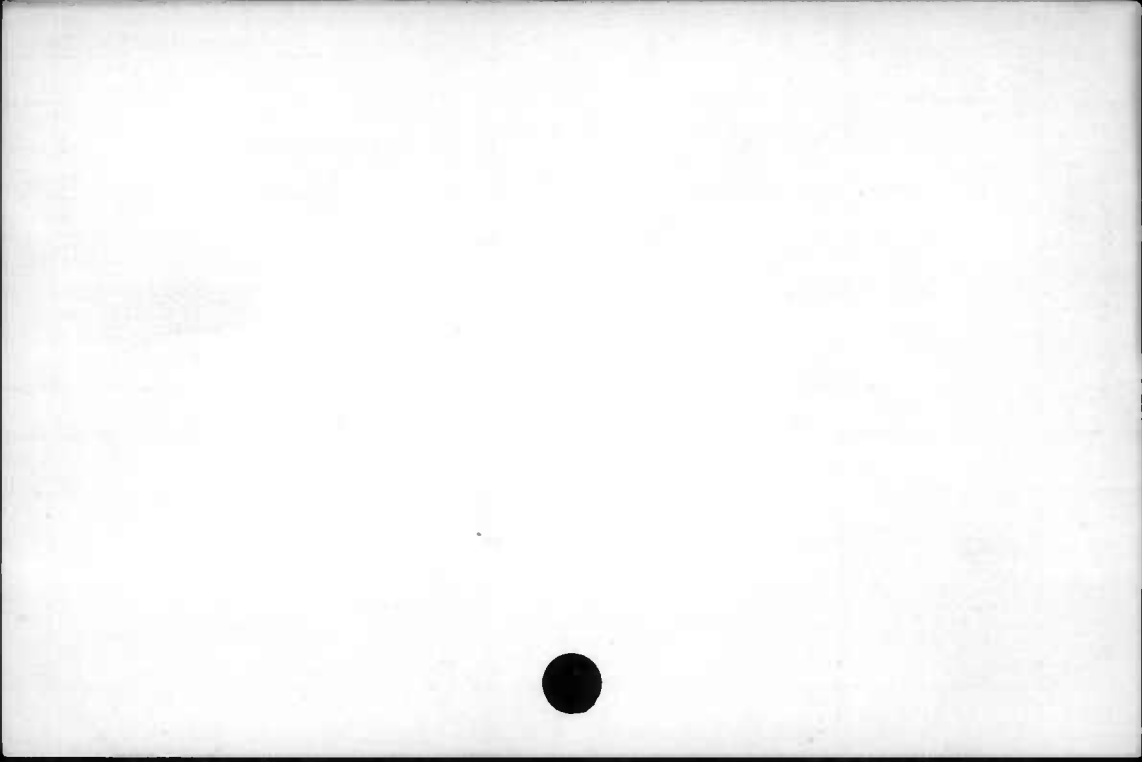
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	1906	Month	March	Day	1 <sup>st</sup>	Age	7 Months
Sex	Male	Color or Race	White	Birth-place	Cambridge		
Occupation				Where Residing if not at place of death	Cambridge		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>Wm E. Phillips</i>			Father's Birthplace	<i>Woodsport Md</i>		
Mother's Maiden Name	<i>Elizabeth A. Sumner</i>			Mother's Birthplace	<i>Dorchester, Mo</i>		
Name of person giving information	<i>Elizabeth A. Phillips</i>			How related to deceased	<i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Meninges</i>	How long	<i>10 days</i>
Immediate	<i>Paralysis</i>	How long	<i>2 few days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. G. L.aborough</i>
		Address	<i>Cambridge Md</i>
Accident or Suicide?			



Name  
in  
Full

Rachael Pinder


## CERTIFICATE OF DEATH

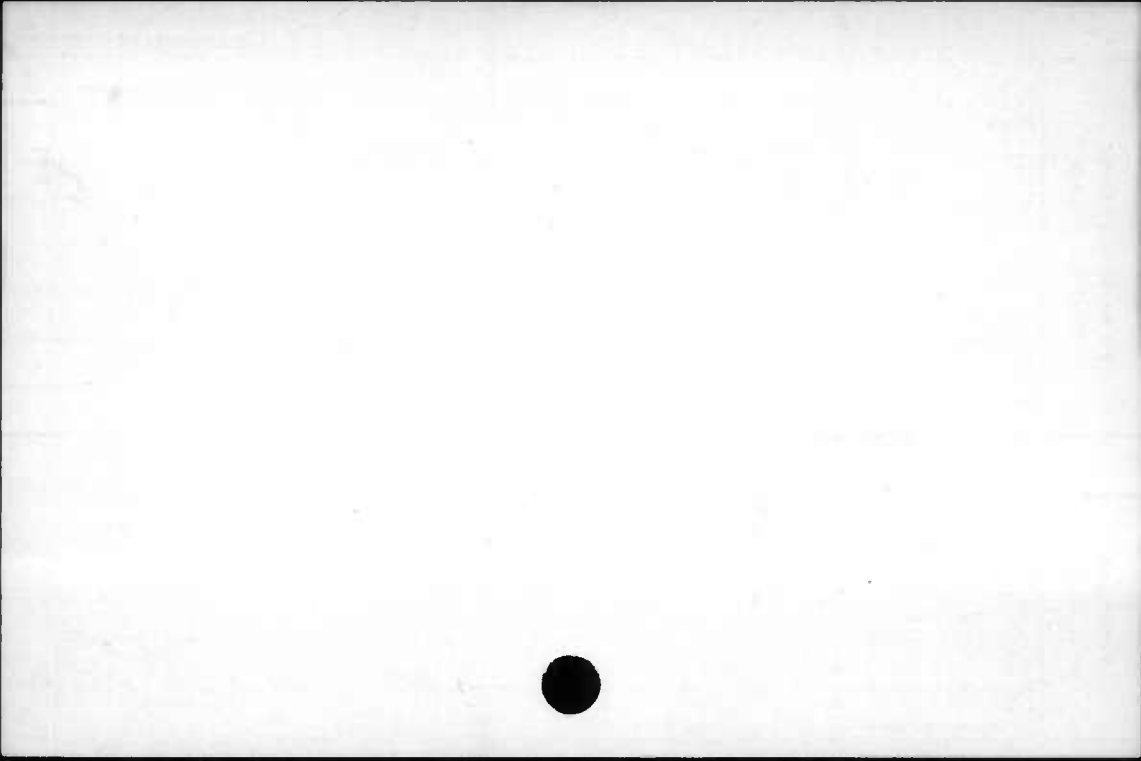
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Bucktown</i>		<sup>County</sup> <i>Dorchester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>26</i>	Age <i>22</i>	Years <i>22</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>		Color or Race <i>Blk</i>		Birth-place <i>Ind.</i>	
Occupation <i>Housework</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>William Pinder</i>				Father's Birthplace <i>N. J.</i>	
Mother's Maiden Name <i></i>				Mother's Birthplace <i></i>	
Name of person giving information <i>Wm. Pinder</i>				How related to deceased <i>Father</i>	

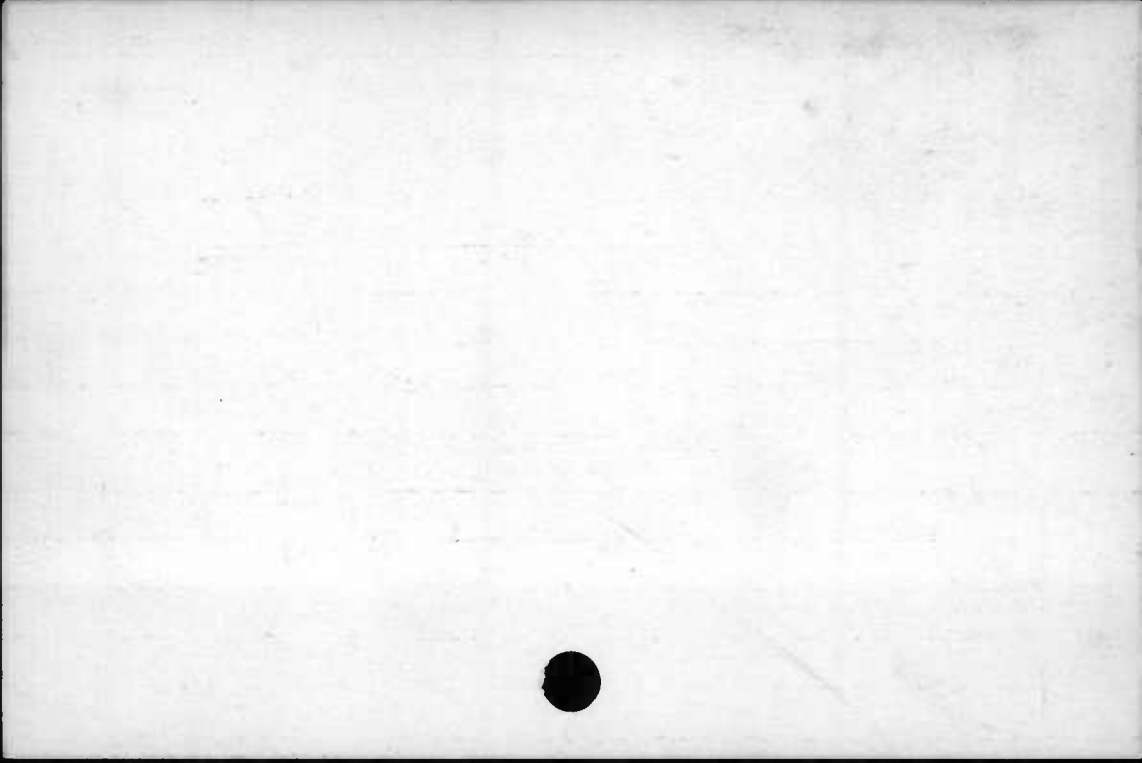
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i></i>
Immediate <i>Heart Failure</i>		How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Wolff</i>
		Address <i>Cambridge, Ind.</i>
Accident or Suicide? <i></i>		

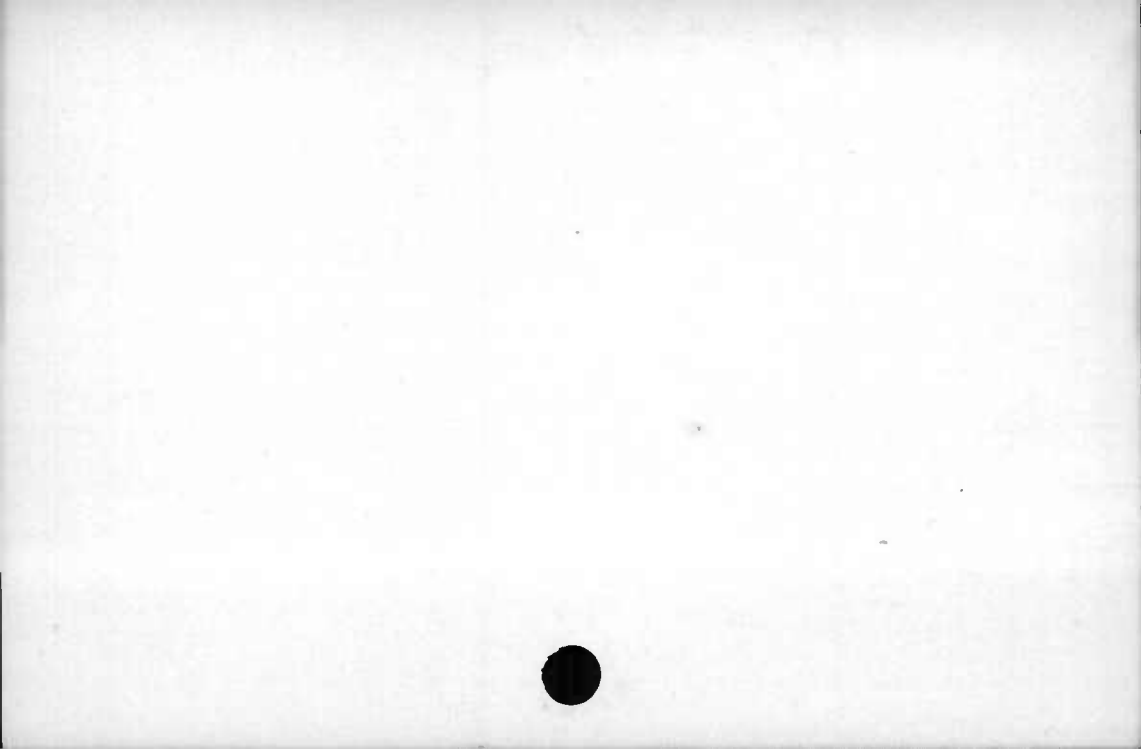


Name in Full <b>Edward Ritchett</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Woddsell</b> <small>Town</small>		<b>Seabrook</b> <small>County</small>
	Date of death <b>1906</b> <small>Month</small> <b>March</b> <small>Day</small> <b>23</b>		<b>83</b> <small>Years</small> <b>5</b> <small>Months</small> <b>9</b> <small>Days</small>
	Sex <b>Male</b>	Color or Race <b>white</b>	Birth-place <b>Bristol, Pa.</b>
	Occupation <b>Cyrtoman</b>	Where Residing if not at place of death	
	Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Charlotte Todd</b>	
	Father's Name <b>Edwin Ritchett</b>	Father's Birthplace	
	Mother's Maiden Name	Mother's Birthplace	
	Name of person giving information	How related to deceased	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>			
PHYSICIAN OR CORONER	Primary <b>Hemadotepsis or Senile arterial calcification</b>		How long <b>12 yrs</b>
	Immediate <b>Paralysis of Brain</b>		How long <b>15 days</b>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. H. Munnaway</b>
			Address <b>Wingets East 60th</b>
	Accident or Suicide?		





Name in Full <b>Wm David Pritchett</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Salem District</b> <small>Town</small> <b>Wheeler</b> <small>County</small>		<b>MARYLAND</b>
	Date of death <b>1906</b> <small>Month</small> <b>3</b> <small>Day</small> <b>8</b> <small>Age</small> <b>29</b> <small>Years</small> <b>4</b> <small>Months</small>	<b>Days</b>	
	Sex <b>Male</b>	Color or Race <b>wh</b>	Birthplace <b>Dr. Co. Md.</b>
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name <b>Wm H. H. Pritchett</b>	Father's Birthplace <b>Dr. Co. Md.</b>	
Mother's Maiden Name <b>Mary J. Johnson</b>	Mother's Birthplace <b>Dr. Co. Md.</b>		
Name of person giving information	How related to deceased		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Pneumonia (Primary)</b> <b>(93)</b>	How long <b>10 days</b>	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>E. A. P. Jones</b> <b>Md</b>	
		Address <b>Expts. Md.</b>	
Accident or Suicide?		✓	



Name  
in  
Full

*Willie E. Robinson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cambri dge* <sup>Town</sup>

*Dorchester* <sup>County</sup>

Date of death *1906*

*March* <sup>Month</sup>

*20* <sup>Day</sup>

*39* <sup>Years</sup> <sup>Age</sup>

*—* <sup>Months</sup>

*—* <sup>Days</sup>

Sex *Female*

Color or Race *White*

Birth-place *Ind.*

Occupation *Housework*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Grant Robinson*

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Grant Robinson*

*93*

How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia (Primary)*

How long *5 Days*

Immediate *Heart Failure*

How long

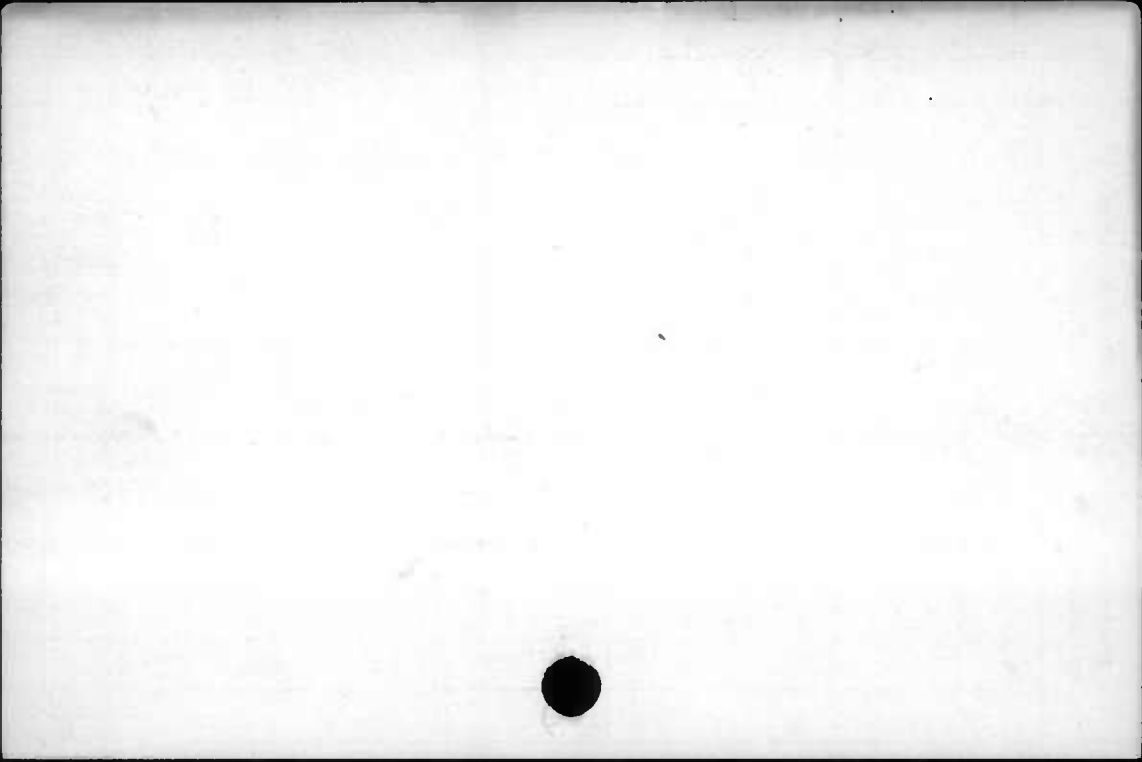
Are the name, age, sex, color, date and place correctly given above? *yes*


Signature of Physician

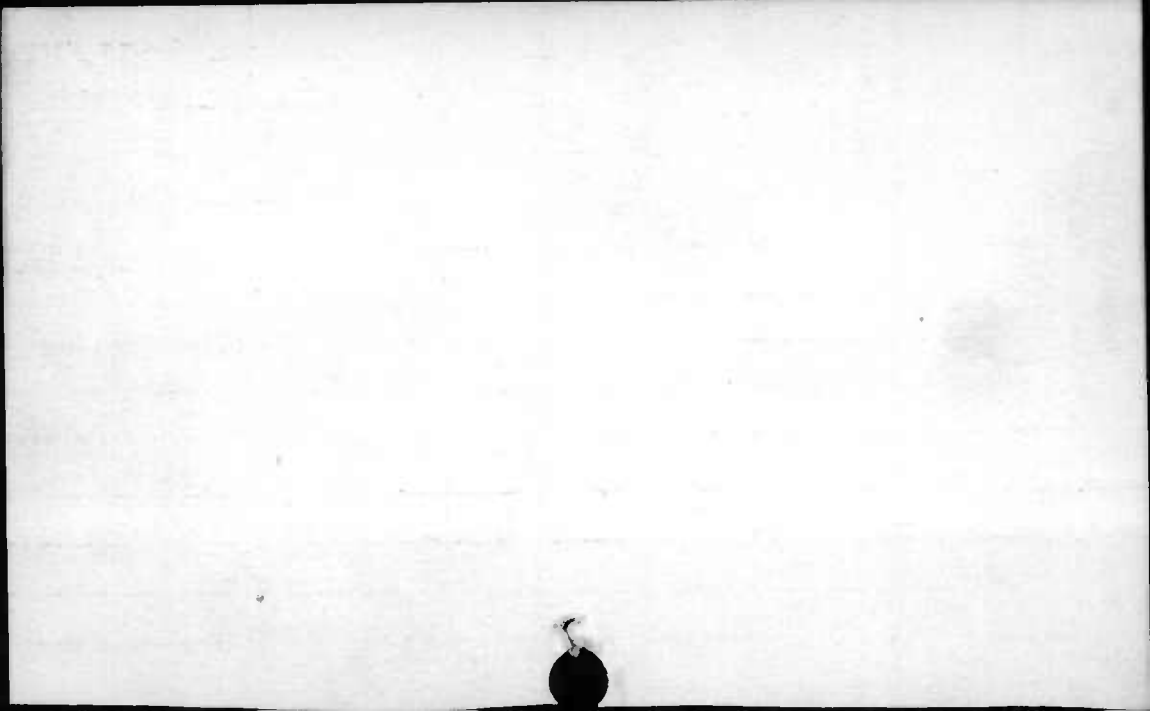
Address

*E. E. Wolff*  
*Cambri dge, Ind.*

Accident or Suicide?



Name in Full		not named Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		East Newmarket		Koe		MARYLAND	
		Date of death		Month		Day	
		1906		3		2	
		Months		Days		15-	
Sex		Female		Color or Race		White	
Birthplace		East Newmarket		Occupation		None	
Where Residing if not at place of death		Same		Married, Single or Widowed		Single	
Name of Wife or Husband		None		Father's Name		Saml. T. Smith	
Father's Birthplace		Same		Mother's Maiden Name		Mary. Hicks	
Mother's Birthplace		Same		Name of person giving information		Father	
How related to deceased		Father		CAUSES OF DEATH		Primary	
Premature birth		How long				15 days	
Immediate		Heart Failure		How long		2 hrs	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. E. Hitch	
Address		East Newmarket Md.					



Name  
in  
Full

Emmie Jones Stiles

## CERTIFICATE OF DEATH

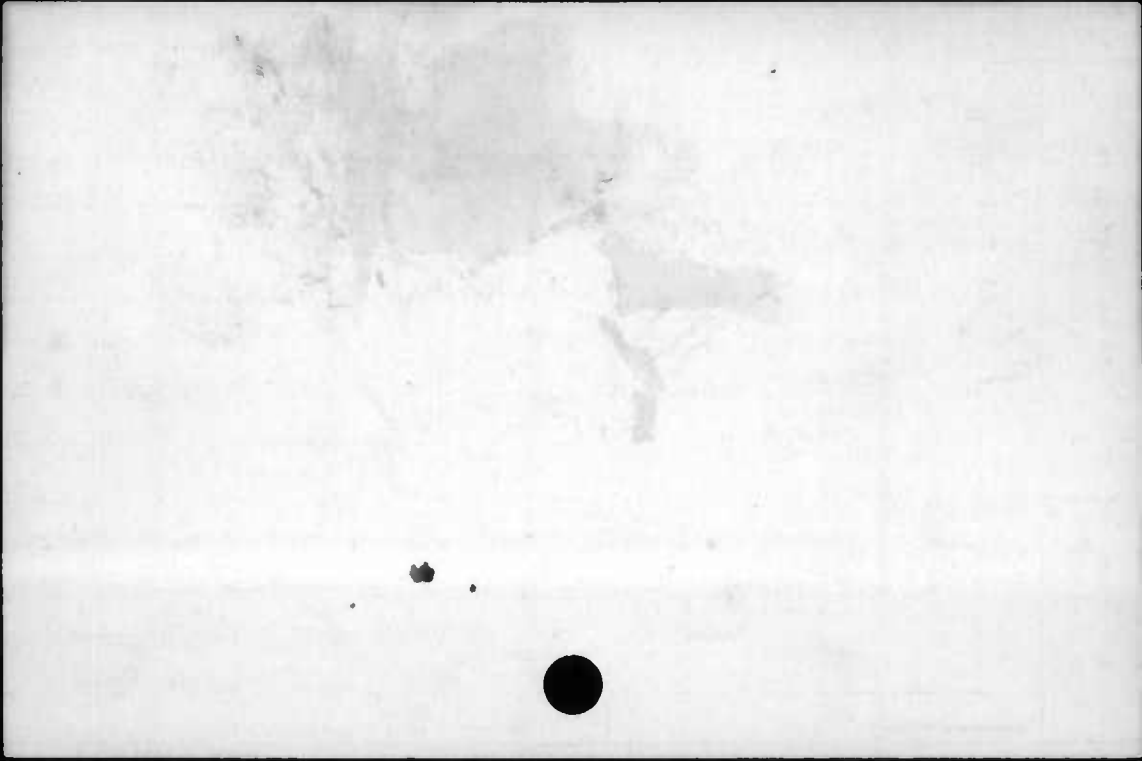
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town <i>Camden</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>March</i>	Day <i>27</i>	Age Years <i>66</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>ind.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housework</i>		
Name of Wife or Husband <i>William Stiles</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>W. Harper</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Prudly is exhausted</i>	How long	<i>about 8 weeks</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John D. Moore</i>	
		Address <i>Camden, Md</i>	
Accident or Suicide?			

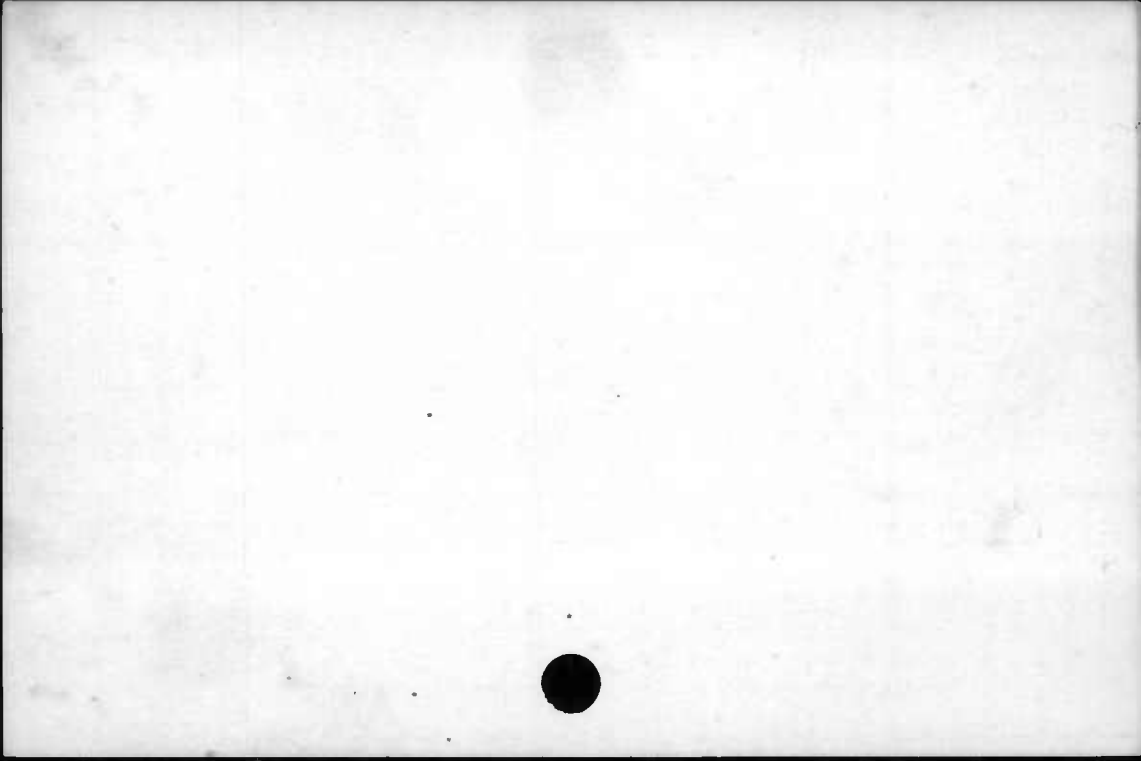




Name in Full		CERTIFICATE OF DEATH			
Wm. M. Travers		Town		County	
Died at Fishing Creek		Dorchester		MARYLAND	
Date of death 1906		Month March	Day 15th	Age 63	Months 9
Sex Male		Color or Race not white Octobrown	Birth-place Dorchester		
Occupation Postman & Sailor		Where Residing if not at place of death			
Married, Single or Widowed married		Name of Wife Laura Lewis			
Father's Name Henry H. Travers		Father's Birthplace Dorchester Co.			
Mother's Maiden Name Sarah Ruark		Mother's Birthplace Dorchester Co.			
Name of person giving information Mrs Laura Travers		How related to deceased wife			
CAUSES OF DEATH					
Primary		How long			
Died suddenly without medical attendance		Do not know			
Immediate		How long			
Do not know. Probably cardiac syncope					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		W. H. Houston acting coroner's physician			
		Address Fishing Creek Md.			
		George Travers, Jr. acting coroner			
Accident or Suicide?					



Name in Full		Elizah Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND
	Date of death	1906	Month 3	Day 3 <sup>rd</sup>	Age 37	Years	Months Days
	Sex	Male		Color or Race	Blk		Birth- place
	Occupation	Barber			Where Residing if not at place of death		
	Married, Single or Widowed	Widower		Name of Wife or Husband			
	Father's Name	Not Known				Father's Birthplace	—
	Mother's Maiden Name	Not Known				Mother's Birthplace	—
Name of person giving In formation	From Hospital records				How related to deceased		—
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Peritonitis				How long	
	Immediate	Cardiac Failure				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Cambridge, Md.		
Accident or Suicide?							



Name  
in Full

*Mrs Lurania Wilson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1926</i>	Month <i>March</i>	Day <i>4</i>	Years <i>68</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Co.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cambridge Md</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>James Wilson</i>				
Father's Name <i>William Marshall</i>	Father's Birthplace <i>Dorchester Co</i>				
Mother's Maiden Name <i>Lurania Marshall</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>John B. Marshall</i>	<i>(79)</i>		How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Myocardial Infarct + Coronary Heart Disease</i>	How long <i>Some months</i>
Immediate <i>Heart Failure</i>	How long <i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. M. Gola, M.D.</i>
	Address <i>Cambridge, Ma</i>
Accident or Suicide?	<i>✓</i>



Name in Full		Sally [unclear]				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Mr E New Moore				Dor		
		Date of death		1906	Month	3	Day	1
		Age		Years		Months		6
		Days		1				
Sex		female		Color or Race		white		
Occupation		✓		Birthplace		Dor C		
Where Residing if not at place of death		✓						
Married, Single or Widowed		✓		Name of Wife or Husband		✓		
Father's Name		Albert woocen		Father's Birthplace		Dor C		
Mother's Maiden Name		Ida A Harvey		Mother's Birthplace		Dor C		
Name of person giving information		G Roger Myers MRS		How related to deceased		none		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary		choera infantum		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
		Address		G Roger Myers				
		Accident or Suicide?		✓				

